



Youth for Adolescent Pregnancy Prevention Leadership Recognition Program Scholarship Application

This program is funded by a grant from The California Wellness Foundation



Giving Golden Opportunities by:

*Increasing the supply of health
professionals practicing in
underserved areas*

*Improving access to healthcare
in rural and urban areas of
California*

*Helping students to pursue a
career in the health professions*

*Awarding health professionals
who are dedicated to practicing
in underserved communities*



HEALTH PROFESSIONS
EDUCATION FOUNDATION

Giving Golden Opportunities



Program Overview

The Youth for Adolescent Pregnancy Prevention – Leadership Recognition Program (YAPP-LRP) is funded by The California Wellness Foundation and is administered by the Health Professions Education Foundation (the Foundation).

The purpose of the YAPP-LRP is to identify and recognize California's youth, age 16 to 24, who are leaders in their communities by promoting healthy adolescent sexuality and teen pregnancy prevention.

Youth selected for this program will receive a scholarship award to assist them with the educational costs related to their health professional education. Scholarship funds are intended to pay for tuition/enrollment fees, books, supplies/equipment, or other expenses related to their health professional education.

Award Amount

The total scholarship amount is \$25,000. This amount will be paid over a five year period at \$5,000 per year. Half of this amount will be disbursed directly to the scholarship awardee, and the remaining half will be disbursed directly to the awardee's college financial aid office.

Scholarship payments are conditioned upon the following:

- 1) Good academic standing as defined by the applicant's college or university, **AND**
- 2) Proof of enrollment, on a semester or quarterly basis, in a course of study leading to a health professional degree.

Individuals awarded the YAPP-LRP scholarship will receive scholarship funding only while they are actively pursuing a course of study leading to a health professional degree. If the awardee completes his or her health professional degree before the five year payment period has ended, then any unused scholarship moneys will be redeposited back into the scholarship fund.

Selection Process

Scholarships are awarded on a competitive basis. Individuals applying for funding under the YAPP-LRP are evaluated in two phases: 1) application review and 2) oral interview. Applicants with the top scores in the application review phase will advance to the oral interview phase.

Program Eligibility

Scholarships are only available to California residents. Applicants must meet the following eligibility requirements:

- **Be a US citizen or permanent resident.**
- **Be at least 16 years old but not older than 24 by the application postmark deadline.**
- **Possess a high school diploma or GED.**
- **Attend a properly accredited college or university** and enroll in a health professions education program.
- **Maintain at least 6 units** each semester or quarter until completion of the health professional education program. Applicants who are not currently enrolled in a health professional education program must:
 - 1) Plan to pursue a health professional degree, **OR**
 - 2) Be in the process of completing prerequisite or general education coursework related to a health professional degree.

- **Within a six-month period following graduation** from a health professional education program, begin the service obligation to practice full-time direct patient care in a medically underserved area within California for a period of no less than two years.

Scholarship Application

Applications are accepted on an annual basis. Applications must be postmarked by the stated deadline. Applications will not be accepted after the postmark deadline. Faxed or e-mailed applications will not be accepted.

Only complete applications will be reviewed. The Foundation will not notify applicants if their application was received incomplete. Applicants are encouraged to contact the Foundation at 1-800-773-1669 prior to the postmark deadline to verify if their application was received complete.

Application Package

Applications will be reviewed and scored based solely on information submitted in the application package. Only complete application packages will be considered for review. The complete application package consists of the following 6 parts:

1. YAPP-LRP Scholarship Application, Parts A – E

Applicants must complete each part of the scholarship application.

2. Paid/Volunteer Experience Verification Form

This form must be completed by the applicant's supervisor/volunteer coordinator.

3. Personal Statements 1 – 6

Applicants must review each personal statement carefully and provide direct, clear, and concise responses.

4. Nomination Form

This form must be completed by an individual who has had significant interaction with the applicant and who could comment on the applicant's personal attributes that would make him/her an especially strong candidate for the YAPP-LRP.

Individuals who may complete the Nomination Form include the following: academic advisor, mentor, educator, counselor, etc. Self-stated nominations will not be considered.

5. Official Transcript

Applicants must submit an official college transcript. Applicants who are not currently enrolled in college must submit an official high school or GED transcript and a copy of their high school diploma/GED. The transcript must be marked official by the school and delivered to the Foundation in a sealed envelope. The Foundation will not accept unofficial transcripts, copies or print outs of transcripts, or transcripts in a broken envelope.

6. Student Aid Report (SAR) or Federal Tax Return with W2s

Applicants must submit at least one of the following documents:

- 1) Official Student Aid Report (SAR) generated by the U.S. Department of Education or college financial aid office, **OR**
- 2) Complete federal tax return with W2s. The tax return must be signed and filed with the Internal Revenue Service.

Evaluation Criteria

Applicants should complete the entire application package and review each question carefully. Applications will be evaluated based on the following categories:

(continued on page 2)



Application Instructions (continued from page 1)

• Paid/Volunteer Experience

Applicants will be evaluated based on their paid and/or volunteer experience in promoting healthy adolescent sexuality and/or teen pregnancy prevention, including access to family planning services.

• Career Goals

Applicants will be evaluated based on their short- and long-term health professional career goals.

• Knowledge of Issues

Applicants will be evaluated based on their knowledge of healthy adolescent sexuality and/or teen pregnancy prevention issues.

• Personal Background

Applicants will be evaluated based on any disadvantages/barriers they may have faced and how they overcame them.

• Nomination Form

Applicants will be evaluated based on any personal attributes that would make them an especially strong candidate for the YAPP-LRP scholarship.

The following personal attributes will be considered: 1) academic achievement, 2) leadership skills, 3) potential for playing a leadership role in healthcare, healthy adolescent sexuality, or teen pregnancy prevention, or 4) personal/inner strength.

• Academic Performance

Applicants will be evaluated based on their cumulative academic performance.

• Financial Need

Applicants will be evaluated based on their actual or potential difficulty in completing a health professional education in the absence of scholarship funding.

Application Postmark Deadline: November 4, 2004

Part A - Personal Information

Please carefully review the application instructions before continuing. Follow the instructions provided for each part of the application form. Please type or print your information in the spaces provided.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone: _____ Work Phone: _____

Email: _____

Social Security # ____/____/____ CA Drivers License # _____

Gender: Male ☐ Female ☐ Date of Birth ____/____/____ Age: _____

Marital Status: Unmarried ☐ Married ☐

Number of dependents other than self and spouse: _____

OR

Applicant is dependant upon parent or legal guardian: _____

Number of persons in the household: _____

Which best describes your ethnic background:

☐ African American ☐ Asian American ☐ Caucasian

☐ Hispanic/Latino ☐ Native American ☐ Pacific Islander

☐ Other (Please specify) _____

If Native American, please specify tribal affiliation: _____

List any languages you speak, read, write fluently in addition to English:

1. _____ ☐ Speak ☐ Read ☐ Write

2. _____ ☐ Speak ☐ Read ☐ Write

In what city, state, and country (if not the United States) were you born?

Are you a citizen or permanent resident of the U.S.? ☐ Yes ☐ No

Are you a California resident? ☐ Yes ☐ No

How long have you lived in: a) the U.S.? _____ yrs. _____ mos.

b) California? _____ yrs. _____ mos.

Please list:

1. Certificates or awards earned while promoting teen pregnancy prevention:

2. Professional affiliations or memberships:

3. Academic Honors:

Where did you hear about the YAPP-LRP? (Check all that apply.)

☐ School ☐ Work(employer/co-worker) ☐ Friend/Acquaintance ☐ TV

☐ Foundation Website ☐ Other Website ☐ Advertisement ☐ Radio

☐ Newspaper or publication (please specify) _____

☐ Organization or affiliation (please specify) _____

☐ Other source (please specify) _____

Where did you receive the YAPP-LRP application? (Check all that apply.)

☐ Financial Aid Office ☐ Program Director/Instructor ☐ Foundation Office

☐ Foundation Website ☐ Other Website ☐ Work(employer/co-worker)

☐ Friend/Acquaintance

☐ Organization or affiliation (please specify) _____

☐ Other source (please specify) _____



Part B — Financial Data

Disclosure of financial data is required.

Please attach financial aid documentation described in "1" or "2" below.

Check a box below to indicate the documents attached.

- ☐ I have attached a copy of the 2004-2005 Student Aid Report (SAR) that shows the Expected Family Contribution (EFC).
or
- ☐ I have attached a complete copy of the signed 2003 Federal tax return, including all W-2s filed for the applicant's household.

Have you applied for or received any type of financial assistance that involves a service or work obligation? Yes ☐ No ☐

(If yes, please list the program name, the type of financial assistance, the service or work obligation, the start/end dates, and the award amount.)

Program Name: _____

Type of financial assistance: _____

Work or Service Obligation: _____

Start Date: _____ End Date: _____ Award Amount: \$ _____

Part C — Education

Attach official college **or** high school/GED transcript for last school attended.

The official transcript must bear the school seal or authorized signature stamp.

The Foundation will not accept unofficial transcripts, copies or print outs of transcripts, or transcripts in a broken envelope.

Part D — Personal Statements

On additional pages, please provide personal statements for each of the following six questions, and attach your statements to the application. Your statements must be typed. Please limit your personal statements to not more than 6 pages.

Please include your full name, date of birth, and page number in the upper right corner of each page. Please restate the question along with your answer.

- Briefly describe the following: a) your family structure, b) area where you grew up/what it was like, and c) any educational disadvantages/barriers you may have faced and how you overcame them?
- Please describe your short-term career goal for the next 5 years, including your plan to achieve this goal.
- Please describe your long-term career goal for the next 10 years, including your plan to achieve this goal.
- Immediately following graduation, how do you plan to use your health professional education?
- What lead you to choosing this career path?
- What issues impact healthy adolescent sexuality and teen pregnancy prevention? What elements would you include in a program to address these issues?

Part E — Application Certification

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize the Health Professions Education Foundation to verify any information submitted as part of this application. I understand that falsification of information contained in this application will disqualify my application.

I also understand that if falsification is discovered after I have been awarded, I will be required to repay all funds awarded, plus interest and administrative fees.

I also understand that my personal statements and pictures become the rights of the Health Professions Education Foundation and may be used, including but not limited to advertising/marketing, program reports, newsletters and other publications.

(Notice: the applicant and his/her parent or legal guardian must sign this application if the applicant is under age 18 before the postmark deadline. Emancipated minors must submit a copy of their emancipation documentation along with this application.)

Parent/Legal

Guardian Signature: _____

Printed Name: _____

Date: _____

Applicant's Signature: _____

Date: _____

SUBMIT APPLICATIONS TO:

Health Professions Education Foundation
YAPP Leadership Recognition Program
818 K Street, Suite 210
Sacramento, CA 95814
1-800-773-1669

Applications must be postmarked by **November 4, 2004**

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APPLICATION CHECKLIST

- ☐ YAPP-LRP scholarship application (part A - E)
- ☐ Paid/Volunteer Experience Verification Form
- ☐ Personal Statements 1-6
- ☐ Nomination Form
- ☐ Official Transcript
- ☐ 2004-2005 Student Aid Report (SAR)
or
2004 Federal tax returns and all W2's
- ☐ Signed Released Authorization form
- ☐ Color photograph attached

Paid/Volunteer Experience Verification Form



PAGE A

Instructions:

Please submit this form with your application package. This form is required in order for your application to be considered complete.

Both sections of this form must be completed. Attach additional pages for each organization in which you have acquired paid or volunteer experience.

Please complete **Section 1** and **Section 2** (on reverse side) of this form.

Section 1 – This section must be completed by the applicant's supervisor/volunteer coordinator.

Applicant Name: _____

Position/Title: _____ Status: ☐ Full time ☐ Part time

Start Date: _____ End Date: _____ ☐ Paid worker ☐ Volunteer

Please indicate the following data.

1) Average hours worked or volunteered per month: _____

2) Total (or an estimated total) hours worked or volunteered to date: _____

Organization Name: _____

(Division/Section): _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Supervisor/Coordinator Name: _____ Office Phone: _____

Title: _____

(continued on page B)

[illegible]

4. Other comments.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This form was completed by:

Nominator's name (Please print): _____ Title: _____

Signature: _____ Date: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:



Release Authorization

To: Health Professions Education Foundation
YAPP Leadership Recognition Program
818 K Street, Suite 210
Sacramento, CA 95814

Affix a color photograph here.

From: Name: _____

Address: _____

City: _____ State: _____ Zip: _____



I, the undersigned, authorized the Office of Statewide Health Planning and Development, Health Professions Education Foundation and The California Wellness Foundation to reprint my personal statements and/or photograph. This authorization shall be for all rights, including but not limited to advertising/marketing, program reports, newsletters and other publications.

I understand that my personal statements may be edited for grammar, clarity, and/or suitability, as deemed necessary.

I also understand that my personal statements and/or photograph may or may not be used and that my photograph will not be returned.

Signature: _____

Date: _____

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